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REGISTER OF WAGE DETERMINATIONS UNDER
THE SERVICE CONTRACT ACT
By direction of the Secretary of Labor

U.S. DEPARTMENT OF LABOR
EMPLOYMENT STANDARDS ADMINISTRATION
WAGE AND HOUR DIVISION
WASHINGTON D.C. 20210

William W.Gross Division of
Director Wage Determinations

Wage Determination No.: 2005-2023
Revision No.: 4
Date Of Revision: 05/29/2007

State: Arizona

Area: Arizona Counties of Apache, Coconino, Gila, Maricopa, Navajo, Pinal, Yavapai

****Fringe Benefits Required Follow the Occupational Listing****

OCCUPATION CODE - TITLE	MINIMUM WAGE RATE
01000 - Administrative Support And Clerical Occupations	
01011 - Accounting Clerk I	12.64
01012 - Accounting Clerk II	14.28
01013 - Accounting Clerk III	16.14
01020 - Administrative Assistant	20.95
01040 - Court Reporter	15.50
01051 - Data Entry Operator I	11.29
01052 - Data Entry Operator II	12.32
01060 - Dispatcher, Motor Vehicle	14.91
01070 - Document Preparation Clerk	13.55
01090 - Duplicating Machine Operator	13.55
01111 - General Clerk I	11.49
01112 - General Clerk II	12.38
01113 - General Clerk III	14.20
01120 - Housing Referral Assistant	19.35
01141 - Messenger Courier	10.83
01191 - Order Clerk I	12.32
01192 - Order Clerk II	14.86
01261 - Personnel Assistant (Employment) I	14.40
01262 - Personnel Assistant (Employment) II	16.11
01263 - Personnel Assistant (Employment) III	17.96
01270 - Production Control Clerk	18.67
01280 - Receptionist	12.23
01290 - Rental Clerk	13.88
01300 - Scheduler, Maintenance	16.08
01311 - Secretary I	16.08
01312 - Secretary II	17.50
01313 - Secretary III	19.35
01320 - Service Order Dispatcher	13.02
01410 - Supply Technician	20.95
01420 - Survey Worker	15.17
01531 - Travel Clerk I	11.92
01532 - Travel Clerk II	12.86
01533 - Travel Clerk III	13.84
01611 - Word Processor I	12.59
01612 - Word Processor II	14.38
01613 - Word Processor III	15.98

05000 - Automotive Service Occupations	
05005 - Automobile Body Repairer, Fiberglass	19.81
05010 - Automotive Electrician	19.77
05040 - Automotive Glass Installer	18.91
05070 - Automotive Worker	18.91
05110 - Mobile Equipment Servicer	16.18
05130 - Motor Equipment Metal Mechanic	22.09
05160 - Motor Equipment Metal Worker	19.10
05190 - Motor Vehicle Mechanic	21.02
05220 - Motor Vehicle Mechanic Helper	14.72
05250 - Motor Vehicle Upholstery Worker	17.66
05280 - Motor Vehicle Wrecker	19.10
05310 - Painter, Automotive	21.54
05340 - Radiator Repair Specialist	19.07
05370 - Tire Repairer	14.21
05400 - Transmission Repair Specialist	21.02
07000 - Food Preparation And Service Occupations	
07010 - Baker	11.36
07041 - Cook I	10.50
07042 - Cook II	11.67
07070 - Dishwasher	8.17
07130 - Food Service Worker	9.41
07210 - Meat Cutter	16.58
07260 - Waiter/Waitress	7.94
09000 - Furniture Maintenance And Repair Occupations	
09010 - Electrostatic Spray Painter	16.50
09040 - Furniture Handler	10.88
09080 - Furniture Refinisher	16.50
09090 - Furniture Refinisher Helper	12.16
09110 - Furniture Repairer, Minor	14.59
09130 - Upholsterer	16.50
11000 - General Services And Support Occupations	
11030 - Cleaner, Vehicles	8.55
11060 - Elevator Operator	8.55
11090 - Gardener	12.96
11122 - Housekeeping Aide	9.68
11150 - Janitor	10.25
11210 - Laborer, Grounds Maintenance	10.31
11240 - Maid or Houseman	8.39
11260 - Pruner	10.14
11270 - Tractor Operator	11.82
11330 - Trail Maintenance Worker	9.37
11360 - Window Cleaner	11.08
12000 - Health Occupations	
12010 - Ambulance Driver	12.53
12011 - Breath Alcohol Technician	16.94
12012 - Certified Occupational Therapist Assistant	18.63
12015 - Certified Physical Therapist Assistant	18.63
12020 - Dental Assistant	15.33
12025 - Dental Hygienist	34.70
12030 - EKG Technician	19.17
12035 - Electroneurodiagnostic Technologist	19.17
12040 - Emergency Medical Technician	12.79
12071 - Licensed Practical Nurse I	15.16
12072 - Licensed Practical Nurse II	16.87
12073 - Licensed Practical Nurse III	18.89
12100 - Medical Assistant	12.81
12130 - Medical Laboratory Technician	14.74
12160 - Medical Record Clerk	12.22
12190 - Medical Record Technician	15.57

12195 - Medical Transcriptionist	14.54
12210 - Nuclear Medicine Technologist	27.81
12221 - Nursing Assistant I	9.62
12222 - Nursing Assistant II	10.81
12223 - Nursing Assistant III	11.80
12224 - Nursing Assistant IV	13.24
12235 - Optical Dispenser	14.44
12236 - Optical Technician	14.17
12250 - Pharmacy Technician	13.00
12280 - Phlebotomist	13.24
12305 - Radiologic Technologist	21.89
12311 - Registered Nurse I	23.91
12312 - Registered Nurse II	29.28
12313 - Registered Nurse II, Specialist	29.28
12314 - Registered Nurse III	35.43
12315 - Registered Nurse III, Anesthetist	35.43
12316 - Registered Nurse IV	42.42
12317 - Scheduler (Drug and Alcohol Testing)	20.20
13000 - Information And Arts Occupations	
13011 - Exhibits Specialist I	15.53
13012 - Exhibits Specialist II	19.16
13013 - Exhibits Specialist III	23.37
13041 - Illustrator I	18.79
13042 - Illustrator II	23.18
13043 - Illustrator III	28.27
13047 - Librarian	21.60
13050 - Library Aide/Clerk	12.90
13054 - Library Information Technology Systems Administrator	20.92
13058 - Library Technician	14.08
13061 - Media Specialist I	13.74
13062 - Media Specialist II	15.38
13063 - Media Specialist III	17.15
13071 - Photographer I	14.99
13072 - Photographer II	17.27
13073 - Photographer III	21.32
13074 - Photographer IV	26.01
13075 - Photographer V	31.55
13110 - Video Teleconference Technician	13.54
14000 - Information Technology Occupations	
14041 - Computer Operator I	13.15
14042 - Computer Operator II	15.92
14043 - Computer Operator III	18.30
14044 - Computer Operator IV	20.68
14045 - Computer Operator V	22.56
14071 - Computer Programmer I (1)	20.91
14072 - Computer Programmer II (1)	24.91
14073 - Computer Programmer III (1)	27.62
14074 - Computer Programmer IV (1)	27.62
14101 - Computer Systems Analyst I (1)	27.62
14102 - Computer Systems Analyst II (1)	27.62
14103 - Computer Systems Analyst III (1)	27.62
14150 - Peripheral Equipment Operator	13.15
14160 - Personal Computer Support Technician	20.68
15000 - Instructional Occupations	
15010 - Aircrew Training Devices Instructor (Non-Rated)	26.93
15020 - Aircrew Training Devices Instructor (Rated)	33.42
15030 - Air Crew Training Devices Instructor (Pilot)	36.76
15050 - Computer Based Training Specialist / Instructor	28.44
15060 - Educational Technologist	19.35
15070 - Flight Instructor (Pilot)	36.76

15080 - Graphic Artist	20.44
15090 - Technical Instructor	17.88
15095 - Technical Instructor/Course Developer	21.87
15110 - Test Proctor	14.86
15120 - Tutor	14.86
16000 - Laundry, Dry-Cleaning, Pressing And Related Occupations	
16010 - Assembler	8.20
16030 - Counter Attendant	8.20
16040 - Dry Cleaner	10.24
16070 - Finisher, Flatwork, Machine	8.20
16090 - Presser, Hand	8.20
16110 - Presser, Machine, Drycleaning	8.20
16130 - Presser, Machine, Shirts	8.20
16160 - Presser, Machine, Wearing Apparel, Laundry	8.20
16190 - Sewing Machine Operator	10.91
16220 - Tailor	11.60
16250 - Washer, Machine	8.91
19000 - Machine Tool Operation And Repair Occupations	
19010 - Machine-Tool Operator (Tool Room)	16.74
19040 - Tool And Die Maker	22.78
21000 - Materials Handling And Packing Occupations	
21020 - Forklift Operator	13.52
21030 - Material Coordinator	18.87
21040 - Material Expediter	18.87
21050 - Material Handling Laborer	11.91
21071 - Order Filler	11.13
21080 - Production Line Worker (Food Processing)	13.52
21110 - Shipping Packer	13.891
21130 - Shipping/Receiving Clerk	14.52
21140 - Store Worker I	8.25
21150 - Stock Clerk	13.00
21210 - Tools And Parts Attendant	14.00
21410 - Warehouse Specialist	14.00
23000 - Mechanics And Maintenance And Repair Occupations	
23010 - Aerospace Structural Welder	26.63
23021 - Aircraft Mechanic I	25.32
23022 - Aircraft Mechanic II	26.63
23023 - Aircraft Mechanic III	27.96
23040 - Aircraft Mechanic Helper	17.73
23050 - Aircraft, Painter	24.05
23060 - Aircraft Servicer	21.26
23080 - Aircraft Worker	22.78
23110 - Appliance Mechanic	17.63
23120 - Bicycle Repairer	12.92
23125 - Cable Splicer	21.98
23130 - Carpenter, Maintenance	16.50
23140 - Carpet Layer	15.63
23160 - Electrician, Maintenance	19.99
23181 - Electronics Technician Maintenance I	14.86
23182 - Electronics Technician Maintenance II	23.05
23183 - Electronics Technician Maintenance III	25.36
23260 - Fabric Worker	14.70
23290 - Fire Alarm System Mechanic	19.64
23310 - Fire Extinguisher Repairer	14.71
23311 - Fuel Distribution System Mechanic	22.42
23312 - Fuel Distribution System Operator	15.55
23370 - General Maintenance Worker	15.63
23380 - Ground Support Equipment Mechanic	25.32
23381 - Ground Support Equipment Servicer	21.26
23382 - Ground Support Equipment Worker	22.78

23391 - Gunsmith I	13.63
23392 - Gunsmith II	16.31
23393 - Gunsmith III	18.97
23410 - Heating, Ventilation And Air-Conditioning Mechanic	18.76
23411 - Heating, Ventilation And Air Contditioning Mechanic (Research Facility)	19.60
23430 - Heavy Equipment Mechanic	19.79
23440 - Heavy Equipment Operator	18.35
23460 - Instrument Mechanic	19.98
23465 - Laboratory/Shelter Mechanic	17.65
23470 - Laborer	10.02
23510 - Locksmith	16.52
23530 - Machinery Maintenance Mechanic	21.27
23550 - Machinist, Maintenance	17.55
23580 - Maintenance Trades Helper	12.16
23591 - Metrology Technician I	19.98
23592 - Metrology Technician II	20.86
23593 - Metrology Technician III	21.91
23640 - Millwright	23.72
23710 - Office Appliance Repairer	18.81
23760 - Painter, Maintenance	16.50
23790 - Pipefitter, Maintenance	18.75
23810 - Plumber, Maintenance	17.81
23820 - Pneudraulic Systems Mechanic	18.97
23850 - Rigger	18.97
23870 - Scale Mechanic	16.31
23890 - Sheet-Metal Worker, Maintenance	17.37
23910 - Small Engine Mechanic	15.63
23931 - Telecommunications Mechanic I	22.06
23932 - Telecommunications Mechanic II	26.70
23950 - Telephone Lineman	18.23
23960 - Welder, Combination, Maintenance	17.37
23965 - Well Driller	18.56
23970 - Woodcraft Worker	18.97
23980 - Woodworker	13.37
24000 - Personal Needs Occupations	
24570 - Child Care Attendant	9.75
24580 - Child Care Center Clerk	15.26
24610 - Chore Aide	9.03
24620 - Family Readiness And Support Services Coordinator	14.74
24630 - Homemaker	16.71
25000 - Plant And System Operations Occupations	
25010 - Boiler Tender	21.49
25040 - Sewage Plant Operator	20.02
25070 - Stationary Engineer	21.49
25190 - Ventilation Equipment Tender	13.38
25210 - Water Treatment Plant Operator	20.02
27000 - Protective Service Occupations	
27004 - Alarm Monitor	18.73
27007 - Baggage Inspector	10.58
27008 - Corrections Officer	19.77
27010 - Court Security Officer	20.49
27030 - Detection Dog Handler	15.92
27040 - Detention Officer	19.77
27070 - Firefighter	21.80
27101 - Guard I	10.58
27102 - Guard II	15.92
27131 - Police Officer I	25.69
27132 - Police Officer II	28.53
28000 - Recreation Occupations	

28041 - Carnival Equipment Operator	11.60
28042 - Carnival Equipment Repairer	12.70
28043 - Carnival Equipment Worker	8.28
28210 - Gate Attendant/Gate Tender	12.36
28310 - Lifeguard	10.82
28350 - Park Attendant (Aide)	13.83
28510 - Recreation Aide/Health Facility Attendant	10.09
28515 - Recreation Specialist	13.51
28630 - Sports Official	11.01
28690 - Swimming Pool Operator	18.88
29000 - Stevedoring/Longshoremen Occupational Services	
29010 - Blocker And Bracer	17.35
29020 - Hatch Tender	17.35
29030 - Line Handler	17.35
29041 - Stevedore I	15.31
29042 - Stevedore II	19.14
30000 - Technical Occupations	
30010 - Air Traffic Control Specialist, Center (HFO) (2)	32.97
30011 - Air Traffic Control Specialist, Station (HFO) (2)	22.73
30012 - Air Traffic Control Specialist, Terminal (HFO) (2)	25.03
30021 - Archeological Technician I	16.46
30022 - Archeological Technician II	18.42
30023 - Archeological Technician III	22.82
30030 - Cartographic Technician	24.59
30040 - Civil Engineering Technician	20.58
30061 - Drafter/CAD Operator I	17.49
30062 - Drafter/CAD Operator II	19.84
30063 - Drafter/CAD Operator III	22.12
30064 - Drafter/CAD Operator IV	24.87
30081 - Engineering Technician I	15.61
30082 - Engineering Technician II	17.26
30083 - Engineering Technician III	21.48
30084 - Engineering Technician IV	25.33
30085 - Engineering Technician V	27.52
30086 - Engineering Technician VI	31.49
30090 - Environmental Technician	18.59
30210 - Laboratory Technician	18.632
30240 - Mathematical Technician	24.69
30361 - Paralegal/Legal Assistant I	17.51
30362 - Paralegal/Legal Assistant II	20.74
30363 - Paralegal/Legal Assistant III	5.30
30364 - Paralegal/Legal Assistant IV	30.70
30390 - Photo-Optics Technician	24.69
30461 - Technical Writer I	21.56
30462 - Technical Writer II	26.37
30463 - Technical Writer III	27.20
30491 - Unexploded Ordnance (UXO) Technician I	20.95
30492 - Unexploded Ordnance (UXO) Technician II	25.35
30493 - Unexploded Ordnance (UXO) Technician III	30.39
30494 - Unexploded (UXO) Safety Escort	20.95
30495 - Unexploded (UXO) Sweep Personnel	20.95
30620 - Weather Observer, Combined Upper Air Or Surface Programs (3)	17.85
30621 - Weather Observer, Senior (3)	21.54
31000 - Transportation/Mobile Equipment Operation Occupations	
31020 - Bus Aide	8.17
31030 - Bus Driver	17.45
31043 - Driver Courier	11.95
31260 - Parking and Lot Attendant	9.23
31290 - Shuttle Bus Driver	13.61
31310 - Taxi Driver	9.86

31361 - Truckdriver, Light	13.61
31362 - Truckdriver, Medium	18.71
31363 - Truckdriver, Heavy	19.17
31364 - Truckdriver, Tractor-Trailer	19.17
99000 - Miscellaneous Occupations	
99030 - Cashier	11.86
99050 - Desk Clerk	9.75
99095 - Embalmer	20.05
99251 - Laboratory Animal Caretaker I	10.27
99252 - Laboratory Animal Caretaker II	12.95
99310 - Mortician	23.96
99410 - Pest Controller	13.19
99510 - Photofinishing Worker	13.44
99710 - Recycling Laborer	13.64
99711 - Recycling Specialist	17.51
99730 - Refuse Collector	12.99
99810 - Sales Clerk	11.77
99820 - School Crossing Guard	7.96
99830 - Survey Party Chief	22.51
99831 - Surveying Aide	13.56
99832 - Surveying Technician	19.11
99840 - Vending Machine Attendant	12.31
99841 - Vending Machine Repairer	15.60
99842 - Vending Machine Repairer Helper	12.31

ALL OCCUPATIONS LISTED ABOVE RECEIVE THE FOLLOWING BENEFITS:

HEALTH & WELFARE: \$3.16 per hour or \$126.40 per week or \$547.73 per month

VACATION: 2 weeks paid vacation after 1 year of service with a contractor or successor; 3 weeks after 5 years, and 4 weeks after 15 years. Length of service includes the whole span of continuous service with the present contractor or successor, wherever employed, and with the predecessor contractors in the performance of similar work at the same Federal facility. (Reg. 29 CFR 4.173)

HOLIDAYS: A minimum of ten paid holidays per year, New Year's Day, Martin Luther King Jr's Birthday, Washington's Birthday, Memorial Day, Independence Day, Labor Day, Columbus Day, Veterans' Day, Thanksgiving Day, and Christmas Day. (A contractor may substitute for any of the named holidays another day off with pay in accordance with a plan communicated to the employees involved.) (See 29 CFR 4174)

THE OCCUPATIONS WHICH HAVE PARENTHESES AFTER THEM RECEIVE THE FOLLOWING BENEFITS (as numbered):

- 1) Does not apply to employees employed in a bona fide executive, administrative, or professional capacity as defined and delineated in 29 CFR 541. (See CFR 4.156)
- 2) APPLICABLE TO AIR TRAFFIC CONTROLLERS ONLY - NIGHT DIFFERENTIAL: An employee is entitled to pay for all work performed between the hours of 6:00 P.M. and 6:00 A.M. at the rate of basic pay plus a night pay differential amounting to 10 percent of the rate of basic pay.
- 3) AIR TRAFFIC CONTROLLERS AND WEATHER OBSERVERS - NIGHT PAY & SUNDAY PAY: If you work at night as part of a regular tour of duty, you will earn a night differential and receive an additional 10% of basic pay for any hours worked between 6pm and 6am.

If you are a full-time employed (40 hours a week) and Sunday is part of your regularly scheduled workweek, you are paid at your rate of basic pay plus a Sunday premium of 25% of your basic rate for each hour of Sunday work which is not overtime (i.e. occasional work on Sunday outside the normal tour of duty is considered overtime work).

HAZARDOUS PAY DIFFERENTIAL: An 8 percent differential is applicable to employees employed in a position that represents a high degree of hazard when working with or in close proximity to ordnance, explosives, and incendiary materials. This includes work such as screening, blending, dying, mixing, and pressing of sensitive ordnance, explosives, and pyrotechnic compositions such as lead azide, black powder and photoflash powder. All dry-house activities involving propellants or explosives. Demilitarization, modification, renovation, demolition, and maintenance operations on sensitive ordnance, explosives and incendiary materials. All operations involving regrading and cleaning of artillery ranges.

A 4 percent differential is applicable to employees employed in a position that represents a low degree of hazard when working with, or in close proximity to ordnance, (or employees possibly adjacent to) explosives and incendiary materials which involves potential injury such as laceration of hands, face, or arms of the employee engaged in the operation, irritation of the skin, minor burns and the like; minimal damage to immediate or adjacent work area or equipment being used. All operations involving, unloading, storage, and hauling of ordnance, explosive, and incendiary ordnance material other than small arms ammunition. These differentials are only applicable to work that has been specifically designated by the agency for ordnance, explosives, and incendiary material differential pay.

**** UNIFORM ALLOWANCE ****

If employees are required to wear uniforms in the performance of this contract (either by the terms of the Government contract, by the employer, by the state or local law, etc.), the cost of furnishing such uniforms and maintaining (by laundering or dry cleaning) such uniforms is an expense that may not be borne by an employee where such cost reduces the hourly rate below that required by the wage determination. The Department of Labor will accept payment in accordance with the following standards as compliance:

The contractor or subcontractor is required to furnish all employees with an adequate number of uniforms without cost or to reimburse employees for the actual cost of the uniforms. In addition, where uniform cleaning and maintenance is made the responsibility of the employee, all contractors and subcontractors subject to this wage determination shall (in the absence of a bona fide collective bargaining agreement providing for a different amount, or the furnishing of contrary affirmative proof as to the actual cost), reimburse all employees for such cleaning and maintenance at a rate of \$3.35 per week (or \$.67 cents per day). However, in those instances where the uniforms furnished are made of "wash and wear" materials, may be routinely washed and dried with other personal garments, and do not require any special treatment such as dry cleaning, daily washing, or commercial laundering in order to meet the cleanliness or appearance standards set by the terms of the Government contract, by the contractor, by law, or by the nature of the work, there is no requirement that employees be reimbursed for uniform maintenance costs.

The duties of employees under job titles listed are those described in the "Service Contract Act Directory of Occupations", Fifth Edition, April 2006, unless otherwise indicated. Copies of the Directory are available on the Internet. A links to the Directory may be found on the WHD home page at <http://www.dol.gov/esa/whd/> or through the Wage Determinations On-Line (WDOL) Web site at <http://wdol.gov/>.

REQUEST FOR AUTHORIZATION OF ADDITIONAL CLASSIFICATION AND WAGE RATE {Standard Form 1444 (SF 1444)}

Conformance Process:

The contracting officer shall require that any class of service employee which is not listed herein and which is to be employed under the contract (i.e., the work to be performed is not performed by any classification listed in the wage determination), be classified by the contractor so as to provide a reasonable relationship (i.e., appropriate level of skill comparison) between such unlisted classifications and the classifications listed in the wage determination. Such conformed classes of employees shall be paid the monetary wages and furnished the fringe benefits as are determined. Such conforming process shall be initiated by the contractor prior to the performance of contract work by such unlisted class(es) of employees. The conformed classification, wage rate, and/or fringe benefits shall be retroactive to the commencement date of the contract. {See Section 4.6 (C) (vi)} When multiple wage determinations are included in a contract, a separate SF 1444 should be prepared for each wage determination to which a class(es) is to be conformed.

The process for preparing a conformance request is as follows:

- 1) When preparing the bid, the contractor identifies the need for a conformed occupation) and computes a proposed rate).
- 2) After contract award, the contractor prepares a written report listing in order proposed classification title), a Federal grade equivalency (FGE) for each proposed classification), job description), and rationale for proposed wage rate), including information regarding the agreement or disagreement of the authorized representative of the employees involved, or where there is no authorized representative, the employees themselves. This report should be submitted to the contracting officer no later than 30 days after such unlisted class(es) of employees performs any contract work.
- 3) The contracting officer reviews the proposed action and promptly submits a report of the action, together with the agency's recommendations and pertinent information including the position of the contractor and the employees, to the Wage and Hour Division, Employment Standards Administration, U.S. Department of Labor, for review. (See section 4.6(b)(2) of Regulations 29 CFR Part 4).
- 4) Within 30 days of receipt, the Wage and Hour Division approves, modifies, or disapproves the action via transmittal to the agency contracting officer, or notifies the contracting officer that additional time will be required to process the request.
- 5) The contracting officer transmits the Wage and Hour decision to the contractor.
- 6) The contractor informs the affected employees.

Information required by the Regulations must be submitted on SF 1444 or bond paper.

When preparing a conformance request, the "Service Contract Act Directory of Occupations" (the Directory) should be used to compare job definitions to insure that duties requested are not performed by a classification already listed in the wage determination. Remember, it is not the job title, but the required tasks that determine whether a class is included in an established wage determination. Conformances may not be used to artificially split, combine, or subdivide classifications listed in the wage determination.

Questionnaire for Public Trust Positions

Follow instructions fully or we cannot process your form. Be sure to sign and date the certification statement on Page 7 and the release on Page 8. *If you have any questions, call the office that gave you the form.*

Purpose of this Form

The U.S. Government conducts background investigations and reinvestigations to establish that applicants or incumbents either employed by the Government or working for the Government under contract, are suitable for the job and/or eligible for a public trust or sensitive position. Information from this form is used primarily as the basis for this investigation. Complete this form only after a conditional offer of employment has been made.

Giving us the information we ask for is voluntary. However, we may not be able to complete your investigation, or complete it in a timely manner, if you don't give us each item of information we request. This may affect your placement or employment prospects.

Authority to Request this Information

The U.S. Government is authorized to ask for this information under Executive Orders 10450 and 10577, sections 3301 and 3302 of title 5, U.S. Code; and parts 5, 731, 732, and 736 of Title 5, Code of Federal Regulations.

Your Social Security number is needed to keep records accurate, because other people may have the same name and birth date. Executive Order 9397 also asks Federal agencies to use this number to help identify individuals in agency records.

The Investigative Process

Background investigations are conducted using your responses on this form and on your Declaration for Federal Employment (OF 306) to develop information to show whether you are reliable, trustworthy, of good conduct and character, and loyal to the United States. The information that you provide on this form is confirmed during the investigation. Your current employer must be contacted as part of the investigation, even if you have previously indicated on applications or other forms that you do not want this.

In addition to the questions on this form, inquiry also is made about a person's adherence to security requirements, honesty and integrity, vulnerability to exploitation or coercion, falsification, misrepresentation, and any other behavior, activities, or associations that tend to show the person is not reliable, trustworthy, or loyal.

Your Personal Interview

Some investigations will include an interview with you as a normal part of the investigative process. This provides you the opportunity to update, clarify, and explain information on your form more completely, which often helps to complete your investigation faster. It is important that the interview be conducted as soon as possible after you are contacted. Postponements will delay the processing of your investigation, and declining to be interviewed may result in your investigation being delayed or canceled.

You will be asked to bring identification with your picture on it, such as a valid State driver's license, to the interview. There are other documents you may be asked to bring to verify your identity as well.

These include documentation of any legal name change, Social Security card, and/or birth certificate.

You may also be asked to bring documents about information you provided on the form or other matters requiring specific attention. These matters include alien registration, delinquent loans or taxes, bankruptcy, judgments, liens, or other financial obligations, agreements involving child custody or support, alimony or property settlements, arrests, convictions, probation, and/or parole.

Instructions for Completing this Form

1. Follow the instructions given to you by the person who gave you the form and any other clarifying instructions furnished by that person to assist you in completion of the form. Find out how many copies of the form you are to turn in. You must sign and date, in black ink, the original and each copy you submit.

2. Type or legibly print your answers in black ink (if your form is not legible, it will not be accepted). You may also be asked to submit your form in an approved electronic format.

3. All questions on this form must be answered. If no response is necessary or applicable, indicate this on the form (for example, enter "None" or "N/A"). If you find that you cannot report an exact date, approximate or estimate the date to the best of your ability and indicate this by marking "APPROX." or "EST."

4. Any changes that you make to this form after you sign it must be initialed and dated by you. Under certain limited circumstances, agencies may modify the form consistent with your intent.

5. You must use the State codes (abbreviations) listed on the back of this page when you fill out this form. Do not abbreviate the names of cities or foreign countries.

6. The 5-digit postal ZIP codes are needed to speed the processing of your investigation. The office that provided the form will assist you in completing the ZIP codes.

7. All telephone numbers must include area codes.

8. All dates provided on this form must be in Month/Day/Year or Month/Year format. Use numbers (1-12) to indicate months. For example, June 10, 1978, should be shown as 6/10/78.

9. Whenever "City (Country)" is shown in an address block, also provide in that block the name of the country when the address is outside the United States.

10. If you need additional space to list your residences or employments/self-employments/unemployments or education, you should use a continuation sheet, SF 86A. If additional space is needed to answer other items, use a blank piece of paper. Each blank piece of paper you use must contain **your name and Social Security Number at the top of the page.**

Final Determination on Your Eligibility

Final determination on your eligibility for a public trust or sensitive position and your being granted a security clearance is the responsibility of the Office of Personnel Management or the Federal agency that requested your investigation. You may be provided the opportunity personally to explain, refute, or clarify any information before a final decision is made.

Penalties for Inaccurate or False Statements

The U.S. Criminal Code (title 18, section 1001) provides that knowingly falsifying or concealing a material fact is a felony which may result in fines of up to \$10,000, and/or 5 years imprisonment, or both. In addition, Federal agencies generally fire, do not grant a security clearance, or disqualify individuals who have materially and deliberately falsified these forms, and this remains a part of the permanent record for future placements. Because the position for which you are being considered is one of public trust or is sensitive, your trustworthiness is a very important consideration in deciding your suitability for placement or retention in the position.

Your prospects of placement are better if you answer all questions truthfully and completely. You will have adequate opportunity to explain any information you give us on the form and to make your comments part of the record.

Disclosure of Information

The information you give us is for the purpose of investigating you for a position; we will protect it from unauthorized disclosure. The collection, maintenance, and disclosure of background investigative information is governed by the Privacy Act. The agency which requested the investigation and the agency which conducted the investigation have published notices in the Federal Register describing the system of records in which your records will be maintained. You may obtain copies of the relevant notices from the person who gave you this form. The information on this form, and information we collect during an investigation may be disclosed without your consent as permitted by the Privacy Act (5 USC 552a(b)) and as follows:

PRIVACY ACT ROUTINE USES

1. To the Department of Justice when: (a) the agency or any component thereof; or (b) any employee of the agency in his or her official capacity; or (c) any employee of the agency in his or her individual capacity where the Department of Justice has agreed to represent the employee; or (d) the United States Government, is a party to litigation or has interest in such litigation, and by careful review, the agency determines that the records are both relevant and necessary to the litigation and the use of such records by the Department of Justice is therefore deemed by the agency to be for a purpose that is compatible with the purpose for which the agency collected the records.
2. To a court or adjudicative body in a proceeding when: (a) the agency or any component thereof; or (b) any employee of the agency in his or her official capacity; or (c) any employee of the agency in his or her individual capacity where the Department of Justice has agreed to represent the employee; or (d) the United States Government is a party to litigation or has interest in such litigation, and by careful review, the agency determines that the records are both relevant and necessary to the litigation and the use of such records is therefore deemed by the agency to be for a purpose that is compatible with the purpose for which the agency collected the records.
3. Except as noted in Question 21, when a record on its face, or in conjunction with other records, indicates a violation or potential violation of law, whether civil, criminal, or regulatory in nature, and whether arising by general statute, particular program statute, regulation, rule, or order issued pursuant thereto, the relevant records may be disclosed to the appropriate Federal, foreign, State, local, tribal, or other public authority responsible for enforcing, investigating or prosecuting such violation or charged with enforcing or implementing the statute, rule, regulation, or order.
4. To any source or potential source from which information is requested in the course of an investigation concerning the hiring or retention of an employee or other personnel action, or the issuing or retention of a security clearance, contract, grant, license, or other benefit, to the extent necessary to identify the individual, inform the source of the nature and purpose of the investigation, and to identify the type of information requested.
5. To a Federal, State, local, foreign, tribal, or other public authority the fact that this system of records contains information relevant to the retention of an employee, or the retention of a security clearance, contract, license, grant, or other benefit. The other agency or licensing organization may then make a request supported by written consent of the individual for the entire record if it so chooses. No disclosure will be made unless the information has been determined to be sufficiently reliable to support a referral to another office within the agency or to another Federal agency for criminal, civil, administrative, personnel, or regulatory action.
6. To contractors, grantees, experts, consultants, or volunteers when necessary to perform a function or service related to this record for which they have been engaged. Such recipients shall be required to comply with the Privacy Act of 1974, as amended.
7. To the news media or the general public, factual information the disclosure of which would be in the public interest and which would not constitute an unwarranted invasion of personal privacy.
8. To a Federal, State, or local agency, or other appropriate entities or individuals, or through established liaison channels to selected foreign governments, in order to enable an intelligence agency to carry out its responsibilities under the National Security Act of 1947 as amended, the CIA Act of 1949 as amended, Executive Order 12333 or any successor order, applicable national security directives, or classified implementing procedures approved by the Attorney General and promulgated pursuant to such statutes, orders or directives.
9. To a Member of Congress or to a Congressional staff member in response to an inquiry of the Congressional office made at the written request of the constituent about whom the record is maintained.
10. To the National Archives and Records Administration for records management inspections conducted under 44 USC 2904 and 2906.
11. To the Office of Management and Budget when necessary to the review of private relief legislation.

STATE CODES (ABBREVIATIONS)

Alabama	AL	Hawaii	HI	Massachusetts	MA	New Mexico	NM	South Dakota	SD
Alaska	AK	Idaho	ID	Michigan	MI	New York	NY	Tennessee	TN
Arizona	AZ	Illinois	IL	Minnesota	MN	North Carolina	NC	Texas	TX
Arkansas	AR	Indiana	IN	Mississippi	MS	North Dakota	ND	Utah	UT
California	CA	Iowa	IA	Missouri	MO	Ohio	OH	Vermont	VT
Colorado	CO	Kansas	KS	Montana	MT	Oklahoma	OK	Virginia	VA
Connecticut	CT	Kentucky	KY	Nebraska	NE	Oregon	OR	Washington	WA
Delaware	DE	Louisiana	LA	Nevada	NV	Pennsylvania	PA	West Virginia	WV
Florida	FL	Maine	ME	New Hampshire	NH	Rhode Island	RI	Wisconsin	WI
Georgia	GA	Maryland	MD	New Jersey	NJ	South Carolina	SC	Wyoming	WY
American Samoa	AS	District of Columbia	DC	Guam	GU	Northern Marianas	CM	Puerto Rico	PR
Trust Territory	TT	Virgin Islands	VI						

PUBLIC BURDEN INFORMATION

Public burden reporting for this collection of information is estimated to average 60 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to Reports and Forms Management Officer, U.S. Office of Personnel Management, 1900 E Street, N.W., Room CHP-500, Washington, D.C. 20415. Do not send your completed form to this address.

QUESTIONNAIRE FOR
PUBLIC TRUST POSITIONS

Form approved:
OMB No. 3206-0191
NSN 7540-01-317-7372
85-1602

OPM
USE
ONLY

Codes

Case Number

Agency Use Only (Complete items A through P using instructions provided by USOPM)

A Type of Investigation	B Extra Coverage	C Sensitivity/Risk Level	D Compu/ADP	E Nature of Action Code	F Date of Action	Month	Day	Year
G Geographic Location	H Position Code	I Position Title						
J SON	K Location of Official Personnel Folder <input type="checkbox"/> None <input type="checkbox"/> NPRC <input type="checkbox"/> At SON	Other Address					ZIP Code	
L SOI	M Location of Security Folder <input type="checkbox"/> None <input type="checkbox"/> At SOI <input type="checkbox"/> NPI	Other Address					ZIP Code	
N OPAC-ALC Number	O Accounting Data and/or Agency Case Number							
P Requesting Official	Name and Title		Signature		Telephone Number ()		Date	

Persons completing this form should begin with the questions below.

1 FULL NAME • If you have only initials in your name, use them and state (IO). • If you have no middle name, enter "NMN". Last Name First Name Middle Name Jr., II, etc.				2 DATE OF BIRTH Month Day Year			
3 PLACE OF BIRTH - Use the two letter code for the State. City County State Country (if not in the United States)				4 SOCIAL SECURITY NUMBER			
5 OTHER NAMES USED							
#1 Name		Month/Year To Month/Year		#3 Name		Month/Year To Month/Year	
#2 Name		Month/Year To Month/Year		#4 Name		Month/Year To Month/Year	
6 OTHER IDENTIFYING INFORMATION		Height (feet and inches)	Weight (pounds)	Hair Color	Eye Color	Sex (Mark one box) <input type="checkbox"/> Female <input type="checkbox"/> Male	
7 TELEPHONE NUMBERS		Work (include Area Code and extension) Day () Night ()		Home (include Area Code) Day () Night ()			
8 CITIZENSHIP		<input type="checkbox"/> I am a U.S. citizen or national by birth in the U.S. or U.S. territory/possession. Answer items b and d. <input type="checkbox"/> I am a U.S. citizen, but I was NOT born in the U.S. Answer items b, c and d. <input type="checkbox"/> I am not a U.S. citizen. Answer items b and e.				b Your Mother's Maiden Name	
a Mark the box at the right that reflects your current citizenship status, and follow its instructions.							
c UNITED STATES CITIZENSHIP If you are a U.S. Citizen, but were not born in the U.S., provide information about one or more of the following proofs of your citizenship.							
Naturalization Certificate (Where were you naturalized?)							
Court		City	State	Certificate Number	Month/Day/Year Issued		
Citizenship Certificate (Where was the certificate issued?)							
City		State	Certificate Number	Month/Day/Year Issued			
State Department Form 240 - Report of Birth Abroad of a Citizen of the United States							
Give the date the form was prepared and give an explanation if needed.		Month/Day/Year	Explanation				
U.S. Passport							
This may be either a current or previous U.S. Passport				Passport Number	Month/Day/Year Issued		
d DUAL CITIZENSHIP If you are (or were) a dual citizen of the United States and another country, provide the name of that country in the space to the right.				Country			
e ALIEN If you are an alien, provide the following information:							
Place You Entered the United States:		City	State	Date You Entered U.S. Month Day Year	Alien Registration Number		Country(ies) of Citizenship

9 WHERE YOU HAVE LIVED

List the places where you have lived, beginning with the most recent (#1) and working back 7 years. All periods must be accounted for in your list. Be sure to indicate the actual physical location of your residence: do not use a post office box as an address, do not list a permanent address when you were actually living at a school address, etc. Be sure to specify your location as closely as possible: for example, do not list only your base or ship, list your barracks number or home port. You may omit temporary military duty locations under 90 days (list your permanent address instead), and you should use your APO/FPO address if you lived overseas.

For any address in the last 5 years, list a person who knew you at that address, and who preferably still lives in that area (do not list people for residences completely outside this 5-year period, and do not list your spouse, former spouses, or other relatives). Also for addresses in the last 5 years, if the address is "General Delivery," a Rural or Star Route, or may be difficult to locate, provide directions for locating the residence on an attached continuation sheet.

Month/Year #1	Month/Year To Present	Street Address	Apt. #	City (Country)	State	ZIP Code
Name of Person Who Knows You		Street Address	Apt. #	City (Country)	State	ZIP Code
						Telephone Number ()
Month/Year #2	Month/Year To	Street Address	Apt. #	City (Country)	State	ZIP Code
Name of Person Who Knew You		Street Address	Apt. #	City (Country)	State	ZIP Code
						Telephone Number ()
Month/Year #3	Month/Year To	Street Address	Apt. #	City (Country)	State	ZIP Code
Name of Person Who Knew You		Street Address	Apt. #	City (Country)	State	ZIP Code
						Telephone Number ()
Month/Year #4	Month/Year To	Street Address	Apt. #	City (Country)	State	ZIP Code
Name of Person Who Knew You		Street Address	Apt. #	City (Country)	State	ZIP Code
						Telephone Number ()
Month/Year #5	Month/Year To	Street Address	Apt. #	City (Country)	State	ZIP Code
Name of Person Who Knew You		Street Address	Apt. #	City (Country)	State	ZIP Code
						Telephone Number ()

10 WHERE YOU WENT TO SCHOOL

List the schools you have attended, beyond Junior High School, **beginning with the most recent (#1) and working back 7 years**. List all College or University degrees and the dates they were received. If all of your education occurred more than 7 years ago, list your most recent education beyond high school, no matter when that education occurred.

Use one of the following codes in the "Code" block:

1 - High School

2 - College/University/Military College

3 - Vocational/Technical/Trade School

For schools you attended in the past 3 years, list a person who knew you at school (an instructor, student, etc.). Do not list people for education completely outside this 3-year period.

For correspondence schools and extension classes, provide the address where the records are maintained.

Month/Year #1	Month/Year To	Code	Name of School	Degree/Diploma/Other	Month/Year Awarded
Street Address and City (Country) of School				State	ZIP Code
Name of Person Who Knew You		Street Address	Apt. #	City (Country)	State
					ZIP Code
					Telephone Number ()
Month/Year #2	Month/Year To	Code	Name of School	Degree/Diploma/Other	Month/Year Awarded
Street Address and City (Country) of School				State	ZIP Code
Name of Person Who Knew You		Street Address	Apt. #	City (Country)	State
					ZIP Code
					Telephone Number ()
Month/Year #3	Month/Year To	Code	Name of School	Degree/Diploma/Other	Month/Year Awarded
Street Address and City (Country) of School				State	ZIP Code
Name of Person Who Knew You		Street Address	Apt. #	City (Country)	State
					ZIP Code
					Telephone Number ()

Enter your Social Security Number before going to the next page →

11 YOUR EMPLOYMENT ACTIVITIES

List your employment activities, beginning with the present (#1) and working back 7 years. You should list all full-time work, part-time work, military service, temporary military duty locations over 90 days, self-employment, other paid work, and all periods of unemployment. The entire 7-year period must be accounted for without breaks, but you need not list employments before your 16th birthday.

- **Code.** Use one of the codes listed below to identify the type of employment:

1 - Active military duty stations

2 - National Guard/Reserve

3 - U.S.P.H.S. Commissioned Corps

4 - Other Federal employment

5 - State Government (Non-Federal employment)

6 - Self-employment (Include business and/or name of person who can verify)

7 - Unemployment (Include name of person who can verify)

8 - Federal Contractor (List Contractor, not Federal agency)

9 - Other

- **Employer/Verifier Name.** List the business name of your employer or the name of the person who can verify your self-employment or unemployment in this block. If military service is being listed, include your duty location or home port here as well as your branch of service. You should provide separate listings to reflect changes in your military duty locations or home ports.

- **Previous Periods of Activity.** Complete these lines if you worked for an employer on more than one occasion at the same location. After entering the most recent period of employment in the initial numbered block, provide previous periods of employment at the same location on the additional lines provided. For example, if you worked at XY Plumbing in Denver, CO, during 3 separate periods of time, you would enter dates and information concerning the most recent period of employment first, and provide dates, position titles, and supervisors for the two previous periods of employment on the lines below that information.

Month/Year #1	Month/Year To	Month/Year Present	Code	Employer/Verifier Name/Military Duty Location	Your Position Title/Military Rank		
Employer's/Verifier's Street Address				City (Country)	State	ZIP Code	Telephone Number ()
Street Address of Job Location (if different than Employer's Address)				City (Country)	State	ZIP Code	Telephone Number ()
Supervisor's Name & Street Address (if different than Job Location)				City (Country)	State	ZIP Code	Telephone Number ()
PREVIOUS PERIODS OF ACTIVITY (Block #1)	Month/Year	Month/Year		Position Title	Supervisor		
	To						
	Month/Year	Month/Year		Position Title	Supervisor		
	To						
Month/Year	Month/Year			Position Title	Supervisor		
	To						
Month/Year #2	Month/Year To	Month/Year	Code	Employer/Verifier Name/Military Duty Location	Your Position Title/Military Rank		
Employer's/Verifier's Street Address				City (Country)	State	ZIP Code	Telephone Number ()
Street Address of Job Location (if different than Employer's Address)				City (Country)	State	ZIP Code	Telephone Number ()
Supervisor's Name & Street Address (if different than Job Location)				City (Country)	State	ZIP Code	Telephone Number ()
PREVIOUS PERIODS OF ACTIVITY (Block #2)	Month/Year	Month/Year		Position Title	Supervisor		
	To						
	Month/Year	Month/Year		Position Title	Supervisor		
	To						
Month/Year	Month/Year			Position Title	Supervisor		
	To						
Month/Year #3	Month/Year To	Month/Year	Code	Employer/Verifier Name/Military Duty Location	Your Position Title/Military Rank		
Employer's/Verifier's Street Address				City (Country)	State	ZIP Code	Telephone Number ()
Street Address of Job Location (if different than Employer's Address)				City (Country)	State	ZIP Code	Telephone Number ()
Supervisor's Name & Street Address (if different than Job Location)				City (Country)	State	ZIP Code	Telephone Number ()
PREVIOUS PERIODS OF ACTIVITY (Block #3)	Month/Year	Month/Year		Position Title	Supervisor		
	To						
	Month/Year	Month/Year		Position Title	Supervisor		
	To						
Month/Year	Month/Year			Position Title	Supervisor		
	To						

Enter your Social Security Number before going to the next page →

YOUR EMPLOYMENT ACTIVITIES (CONTINUED)

#4	Month/Year To	Month/Year	Code	Employer/Verifier Name/Military Duty Location	Your Position Title/Military Rank		
Employer's/Verifier's Street Address				City (Country)	State	ZIP Code	Telephone Number ()
Street Address of Job Location (if different than Employer's Address)				City (Country)	State	ZIP Code	Telephone Number ()
Supervisor's Name & Street Address (if different than Job Location)				City (Country)	State	ZIP Code	Telephone Number ()
PREVIOUS PERIODS OF ACTIVITY (Block #4)	Month/Year To	Month/Year		Position Title	Supervisor		
	Month/Year To	Month/Year		Position Title	Supervisor		
	Month/Year To	Month/Year		Position Title	Supervisor		
	Month/Year To	Month/Year		Position Title	Supervisor		
#5	Month/Year To	Month/Year	Code	Employer/Verifier Name/Military Duty Location		Your Position Title/Military Rank	
Employer's/Verifier's Street Address				City (Country)	State	ZIP Code	Telephone Number ()
Street Address of Job Location (if different than Employer's Address)				City (Country)	State	ZIP Code	Telephone Number ()
Supervisor's Name & Street Address (if different than Job Location)				City (Country)	State	ZIP Code	Telephone Number ()
PREVIOUS PERIODS OF ACTIVITY (Block #5)	Month/Year To	Month/Year		Position Title	Supervisor		
	Month/Year To	Month/Year		Position Title	Supervisor		
	Month/Year To	Month/Year		Position Title	Supervisor		
	Month/Year To	Month/Year		Position Title	Supervisor		
#6	Month/Year To	Month/Year	Code	Employer/Verifier Name/Military Duty Location		Your Position Title/Military Rank	
Employer's/Verifier's Street Address				City (Country)	State	ZIP Code	Telephone Number ()
Street Address of Job Location (if different than Employer's Address)				City (Country)	State	ZIP Code	Telephone Number ()
Supervisor's Name & Street Address (if different than Job Location)				City (Country)	State	ZIP Code	Telephone Number ()
PREVIOUS PERIODS OF ACTIVITY (Block #6)	Month/Year To	Month/Year		Position Title	Supervisor		
	Month/Year To	Month/Year		Position Title	Supervisor		
	Month/Year To	Month/Year		Position Title	Supervisor		
	Month/Year To	Month/Year		Position Title	Supervisor		

12 YOUR EMPLOYMENT RECORD

Has any of the following happened to you in the last 7 years? If "Yes," begin with the most recent occurrence and go backward, providing date fired, quit, or left, and other information requested.

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

Use the following codes and explain the reason your employment was ended:

- | | | |
|--|--|--|
| 1 - Fired from a job | 3 - Left a job by mutual agreement following allegations of misconduct | 5 - Left a job for other reasons under unfavorable circumstances |
| 2 - Quit a job after being told you'd be fired | 4 - Left a job by mutual agreement following allegations of unsatisfactory performance | |

Month/Year	Code	Specify Reason	Employer's Name and Address (Include city/Country if outside U.S.)	State	ZIP Code

Enter your Social Security Number before going to the next page

13

List three people who know you well and live in the United States. They should be good friends, peers, colleagues, college roommates, etc., whose combined association with you covers as well as possible the last 7 years. Do not list your spouse, former spouses, or other relatives, and try not to list anyone who is listed elsewhere on this form.

Name #1	Dates Known Month/Year Month/Year To	Telephone Number Day Night ()
Home or Work Address		City (Country) State ZIP Code
Name #2	Dates Known Month/Year Month/Year To	Telephone Number Day Night ()
Home or Work Address		City (Country) State ZIP Code
Name #3	Dates Known Month/Year Month/Year To	Telephone Number Day Night ()
Home or Work Address		City (Country) State ZIP Code

14

Mark one of the following boxes to show your current marital status:

<input type="checkbox"/> 1 - Never married (<i>go to question 15</i>)	<input type="checkbox"/> 3 - Separated	<input type="checkbox"/> 5 - Divorced
<input type="checkbox"/> 2 - Married	<input type="checkbox"/> 4 - Legally Separated	<input type="checkbox"/> 6 - Widowed

Current Spouse Complete the following about your current spouse.

Full Name	Date of Birth (Mo./Day/Yr.)	Place of Birth (Include country if outside the U.S.)	Social Security Number
Other Names Used (Specify maiden name, names by other marriages, etc., and show dates used for each name)			
Country of Citizenship	Date Married (Mo./Day/Yr.)	Place Married (Include country if outside the U.S.)	State
If Separated, Date of Separation (Mo./Day/Yr.)	If Legally Separated, Where is the Record Located? City (Country)		State
Address of Current Spouse (Street, city, and country if outside the U.S.)		State	ZIP Code

15

Give the full name, correct code, and other requested information for each of your relatives, living or dead, specified below.

- 1 - Mother (*first*) 3 - Stepmother 5 - Foster Parent 7 - Stepchild
2 - Father (*second*) 4 - Stepfather 6 - Child (*adopted also*)

[illegible]

Enter your Social Security Number before going to the next page

16 YOUR MILITARY HISTORY	Yes	No
a Have you served in the United States military?	<input type="checkbox"/>	<input type="checkbox"/>
b Have you served in the United States Merchant Marine?	<input type="checkbox"/>	<input type="checkbox"/>

List all of your military service below, including service in Reserve, National Guard, and U.S. Merchant Marine. Start with the most recent period of service (#1) and work backward. If you had a break in service, each separate period should be listed.

•**Code.** Use one of the codes listed below to identify your branch of service:

1 - Air Force 2 - Army 3 - Navy 4 - Marine Corps 5 - Coast Guard 6 - Merchant Marine 7 - National Guard

•**O/E.** Mark "O" block for Officer or "E" block for Enlisted.

•**Status.** "X" the appropriate block for the status of your service during the time that you served. If your service was in the National Guard, do not use an "X"; use the two-letter code for the state to mark the block.

•**Country.** If your service was with other than the U.S. Armed Forces, identify the country for which you served.

Month/Year	Month/Year	Code	Service/Certificate No.	O	E	Status				Country
						Active	Active Reserve	Inactive Reserve	National Guard (State)	
To				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
To				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

17 YOUR SELECTIVE SERVICE RECORD	Yes	No
a Are you a male born after December 31, 1959? If "No," go to 18. If "Yes," go to b.	<input type="checkbox"/>	<input type="checkbox"/>
b Have you registered with the Selective Service System? If "Yes," provide your registration number. If "No," show the reason for your legal exemption below.	<input type="checkbox"/>	<input type="checkbox"/>

Registration Number Legal Exemption Explanation

18 YOUR INVESTIGATIONS RECORD	Yes	No
a Has the United States Government ever investigated your background and/or granted you a security clearance? If "Yes," use the codes that follow to provide the requested information below. If "Yes," but you can't recall the investigating agency and/or the security clearance received, enter "Other" agency code or clearance code, as appropriate, and "Don't know" or "Don't recall" under the "Other Agency" heading, below. If your response is "No," or you don't know or can't recall if you were investigated and cleared, check the "No" box.	<input type="checkbox"/>	<input type="checkbox"/>

Codes for Investigating Agency

1 - Defense Department

2 - State Department

3 - Office of Personnel Management

4 - FBI

5 - Treasury Department

6 - Other (Specify)

Codes for Security Clearance Received

0 - Not Required

1 - Confidential

2 - Secret

3 - Top Secret

4 - Sensitive Compartmented Information

5 - Q

6 - L

7 - Other

Month/Year	Agency Code	Other Agency	Clearance Code	Month/Year	Agency Code	Other Agency	Clearance Code

b To your knowledge, have you ever had a clearance or access authorization denied, suspended, or revoked, or have you ever been debarred from government employment? If "Yes," give date of action and agency. **Note:** An administrative downgrade or termination of a security clearance is not a revocation.

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

Month/Year	Department or Agency Taking Action	Month/Year	Department or Agency Taking Action

19 FOREIGN COUNTRIES YOU HAVE VISITED	Yes	No
List foreign countries you have visited, except on travel under official Government orders, beginning with the most current (#1) and working back 7 years. (Travel as a dependent or contractor must be listed.)		

•Use one of these codes to indicate the purpose of your visit: 1 - Business 2 - Pleasure 3 - Education 4 - Other

•Include short trips to Canada or Mexico. If you have lived near a border and have made short (one day or less) trips to the neighboring country, you do not need to list each trip. Instead, provide the time period, the code, the country, and a note ("Many Short Trips").

•Do not repeat travel covered in items 9, 10, or 11.

Month/Year	Month/Year	Code	Country	Month/Year	Month/Year	Code	Country
#1	To			#5	To		
#2	To			#6	To		
#3	To			#7	To		
#4	To			#8	To		

Enter your Social Security Number before going to the next page →

20 YOUR POLICE RECORD <i>(Do not include anything that happened before your 16th birthday.)</i>					Yes	No
In the last 7 years, have you been arrested for, charged with, or convicted of any offense(s)? <i>(Leave out traffic fines of less than \$150.)</i>					<input style="width: 100%;" type="checkbox"/>	<input style="width: 100%;" type="checkbox"/>
If you answered "Yes," explain your answer(s) in the space provided.						
Month/Year	Offense	Action Taken	Law Enforcement Authority or Court <i>(City and county/country if outside the U.S.)</i>	State	ZIP Code	

21 ILLEGAL DRUGS				Yes	No
The following questions pertain to the illegal use of drugs or drug activity. You are required to answer the questions fully and truthfully, and your failure to do so could be grounds for an adverse employment decision or action against you, but neither your truthful responses nor information derived from your responses will be used as evidence against you in any subsequent criminal proceeding.					
a	In the last year, have you <u>illegally</u> used any controlled substance, for example, marijuana, cocaine, crack cocaine, hashish, narcotics (opium, morphine, codeine, heroin, etc.), amphetamines, depressants (barbiturates, methaqualone, tranquilizers, etc.), hallucinogenics (LSD, PCP, etc.), or prescription drugs?			<input style="width: 100%;" type="checkbox"/>	<input style="width: 100%;" type="checkbox"/>
b	In the last 7 years, have you been involved in the illegal purchase, manufacture, trafficking, production, transfer, shipping, receiving, or sale of any narcotic, depressant, stimulant, hallucinogen, or cannabis, for your own intended profit or that of another?			<input style="width: 100%;" type="checkbox"/>	<input style="width: 100%;" type="checkbox"/>
If you answered "Yes" to "a" above, provide information relating to the types of substance(s), the nature of the activity, and any other details relating to your involvement with illegal drugs. Include any treatment or counseling received.					
Month/Year	Month/Year	Controlled Substance/Prescription Drug Used		Number of Times Used	
To					
To					
To					

22 YOUR FINANCIAL RECORD					Yes	No
a In the last 7 years, have you, or a company over which you exercised some control, filed for bankruptcy, been declared bankrupt, been subject to a tax lien, or had legal judgment rendered against you for a debt? If you answered "Yes," provide date of initial action and other information requested below.					<input style="width: 100%;" type="checkbox"/>	<input style="width: 100%;" type="checkbox"/>
Month/Year	Type of Action	Name Action Occurred Under	Name/Address of Court or Agency Handling Case	State	ZIP Code	
b Are you now over 180 days delinquent on any loan or financial obligation? Include loans or obligations funded or guaranteed by the Federal Government.					<input style="width: 100%;" type="checkbox"/>	<input style="width: 100%;" type="checkbox"/>
If you answered "Yes," provide the information requested below:						
Month/Year	Type of Loan or Obligation and Account #	Name/Address of Creditor or Obligor		State	ZIP Code	

After completing this form and any attachments, you should review your answers to all questions to make sure the form is complete and accurate, and then sign and date the following certification and sign and date the release on Page 8.

Certification That My Answers Are True

My statements on this form, and any attachments to it, are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I understand that a knowing and willful false statement on this form can be punished by fine or imprisonment or both. (See section 1001 of title 18, United States Code).

Signature <i>(Sign in ink)</i>	Date

Enter your Social Security Number before going to the next page →

UNITED STATES OF AMERICA

AUTHORIZATION FOR RELEASE OF INFORMATION

Carefully read this authorization to release information about you, then sign and date it in ink.

I Authorize any investigator, special agent, or other duly accredited representative of the authorized Federal agency conducting my background investigation, to obtain any information relating to my activities from individuals, schools, residential management agents, employers, criminal justice agencies, credit bureaus, consumer reporting agencies, collection agencies, retail business establishments, or other sources of information. This information may include, but is not limited to, my academic, residential, achievement, performance, attendance, disciplinary, employment history, criminal history record information, and financial and credit information. I authorize the Federal agency conducting my investigation to disclose the record of my background investigation to the requesting agency for the purpose of making a determination of suitability or eligibility for a security clearance.

I Understand that, for financial or lending institutions, medical institutions, hospitals, health care professionals, and other sources of information, a separate specific release will be needed, and I may be contacted for such a release at a later date. Where a separate release is requested for information relating to mental health treatment or counseling, the release will contain a list of the specific questions, relevant to the job description, which the doctor or therapist will be asked.

I Further Authorize any investigator, special agent, or other duly accredited representative of the U.S. Office of Personnel Management, the Federal Bureau of Investigation, the Department of Defense, the Defense Investigative Service, and any other authorized Federal agency, to request criminal record information about me from criminal justice agencies for the purpose of determining my eligibility for assignment to, or retention in a sensitive National Security position, in accordance with 5 U.S.C. 9101. I understand that I may request a copy of such records as may be available to me under the law.

I Authorize custodians of records and other sources of information pertaining to me to release such information upon request of the investigator, special agent, or other duly accredited representative of any Federal agency authorized above regardless of any previous agreement to the contrary.

I Understand that the information released by records custodians and sources of information is for official use by the Federal Government only for the purposes provided in this Standard Form 85P, and that it may be redisclosed by the Government only as authorized by law.

Copies of this authorization that show my signature are as valid as the original release signed by me. This authorization is valid for five (5) years from the date signed or upon the termination of my affiliation with the Federal Government, whichever is sooner.

Signature (<i>Sign in ink</i>)	Full Name (<i>Type or Print Legibly</i>)		Date Signed
Other Names Used			Social Security Number
Current Address (<i>Street, City</i>)	State	ZIP Code	Home Telephone Number (<i>Include Area Code</i>) ()

UNITED STATES OF AMERICA

AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION

Carefully read this authorization to release information about you, then sign and date it in black ink.

Instructions for Completing this Release

This is a release for the investigator to ask your health practitioner(s) the three questions below concerning your mental health consultations. Your signature will allow the practitioner(s) to answer only these questions.

I am seeking assignment to or retention in a position of public trust with the Federal Government as a(n)

(Investigator instructed to write in position title.)

As part of the investigative process, **I hereby authorize** the investigator, special agent, or duly accredited representative of the authorized Federal agency conducting my background investigation, to obtain the following information relating to my mental health consultations:

Does the person under investigation have a condition or treatment that could impair his/her judgment or reliability?

If so, please describe the nature of the condition and the extent and duration of the impairment or treatment.

What is the prognosis?

I understand that the information released pursuant to this release is for use by the Federal Government only for purposes provided in the Standard Form 85P and that it may be redisclosed by the Government only as authorized by law.

Copies of this authorization that show my signature are as valid as the original release signed by me. This authorization is valid for 1 year from the date signed or upon termination of my affiliation with the Federal Government, whichever is sooner.

Signature (<i>Sign in ink</i>)	Full Name (<i>Type or Print Legibly</i>)		Date Signed
Other Names Used			Social Security Number
Current Address (<i>Street, City</i>)	State	ZIP Code	Home Telephone Number (<i>Include Area Code</i>) ()

Program Area	MRF	Effort	Contact For Follow-Up	Affected Users	Program Area	Enhancement/Modification Request	Current Behavior	Desired Behavior
Events	C8001 Low		WABE Dee Shindlinger (509) 353-2404 Ext. 240	All	Calendar Event	Ability to reorder calendar events	No abilities to rearrange calendar events	Ability to reorder calendar events, i.e., vacations, appointments, etc.
	C8002 Low		PAMB Judge Judith Fitzgerald 412-444-3541	All	Calendar	Be able to add personal (non-case related) items on the calendar	All calendar entries require a case number	Add personal items on the calendar that can show conflicts with court hearings
	C8003 Low/Med		DEB Luken Adam 302-282-2555	Chambers	Calendar	Search for events		Be able to search within events similar to case searching
	C8004 Low		DEB Luken Adam 302-282-2555	Chambers	Calendar	Ability to have private entries viewable for an entire chamber	Private entries are only viewable by the creator	Want all chambers to be able to view private entries
	C8005 Med		Various Courts	All	Calendar Event	Repeating Calendar Events - Provide ability to designate specific ranges of dates for specific purposes for consecutive days, weeks or months.		
Minutes	C8006 Low		Various Courts	Chambers	Calendar	Ability to print events on calendar		Have option to print events on calendar
Printing/Reporting	C8007 Low		CASB John Seale (619) 557-4508	CRD's	Location Prefs	If CRD selects checkbox "Do not create vacated minutes on vacates" on location preferences they still have to "uncheck" vacated minutes on the screen prior to printing. The enhancement would be to have these vacated minutes orders not print once the above location preference is selected (i.e. automatic default would be to "not print" without any further boxes needing to be checked/unchecked).		
	C8008 Low		CCG Meeting			AutoSave GO Next Minutes		
						Quick summary or display of completed minute entries		
	C8010 Low		AZB	CD	reports	ability to run report on minute entries not docketed	none	have ability to run report on minute entries not docketed
	C8011 Low		CASB John Seale (619) 557-4508	CRD's	Minute Orders	Provide the option to print Notes on the Minute Order.		
AutoSchedule	C8012 Low		Various Courts	All	Printing	Streamline the printing function - too many steps	Takes about five steps to complete	Makes it quick and easy
	C8013 Low		AZB	CD	Printed Calendar	Eliminate check mark on first matter listed when printing one matter	check mark always appears on first item	no check mark
	C8014 Low		PAMB Judge Judith Fitzgerald 412-444-3541	All	Printed Calendar	Have a choice of public/personal or combined calendar	All items get printed out without any options	Have a personal designation on a calendar entry to allow for optional printing
	C8015 Low		PAEB Renee McCord	CD	Printed Calendar	Numbering of Matter separates from case numbering	All items get printed out without any options	Option to numerically or alphabetically label matter
	C8016 Low/Med		AZB	CD	reports	estimate 9/02 govt. form - actual time to edit. Trial or automatic posting of calendars on website/calendars to be "real time"	Manual posting of calendars on website	Automatic postings, if manual, ability to do 3 judges at one time
Hearing Detail/Data Entry	C8017 Low		WABE Dee Shindlinger (509) 353-2404 Ext. 240	All	Calendars	Some sort of break between last note and atty list		
	C8018 Low		CASB John Seale (619) 557-4508	CRD's	Auto-Scheduling	CRD's need delete functionality in auto-scheduling.		
	C8019 Low		NCEB Christine Castellon 919-456-4752 x 107	CD, ECR	Hearing Detail	Do not pull terminated parties from CMECF into VCal	If a case converts to another chapter, the terminated trustee from the prior chapter is pulled into VCal instead of the current trustee. Also, if the attorney for the debtor withdraws from the case, he/she is still pulled into VCal.	Retrieve only active trustees/debtors from CMECF
	C8020 Low/Med		NCEB Felicia Lucas 252-257-0248 x 157	CD, ECR	AutoSchedule	Would like for estimated time of hearing to be included.	Have to edit each case to include estimated time.	Set a default time in order to limit editing.
	C8021 Low/Med		TXWB - Emile Pena 210-472-6720 ext. 236	All	AutoSchedule	Add functionality to auto-schedule	Manual user intervention.	Automatic at startup and periodically throughout VCal session.
Continue	C8022 Low		HIB - Randy Sugriva 808-522-8117	CD	AutoSchedule	Ability to print a list of important items.	We can print screen the page	Give us an option to print
	C8023 Low		PAMB Chuck Smith 570-821-4165	CRD	Calendar Import	Provide a config switch on whether to auto-check vacated hearings		Upon AutoSchedule, vacated matters will not be checked marked if
	C8024 Low		INSB - Robin Stanley	CD	Minutes	Tab Order On Hearing Detail needs work!!!	Have to manually use the mouse to get between items	Tab between boxes
	C8025 Med		TXWB - Emile Pena 210-472-6720 ext. 236	All	all areas	Make Case number format configurable to match what Court uses.	Only option is to specify code for divisional office as first portion of case number.	Use case number format as specified in CMECF.
	C8026 Low		AZB	CD	subject	Have ability to enlarge subject area	area cannot be enlarged	Have ability to enlarge
AutoDocket	C8027 Med		NCEB Christine Castellon 919-456-4752 x 107	CD, ECR	Warning Message	Would like a warning message for attorneys/trustees who are unavailable on a particular day	Have to use Event Warnings to indicate attorneys/trustees who are unavailable.	Include this option along with other event warnings.
	C8028 Low		WABE Dee Shindlinger (509) 353-2404 Ext. 240	All	New Hearing	Have an option of "open court"	No option for "open court" - Need to leave blank	Have option for "open court"
	C8029 Low		AZB	CD	subject	Alert indicating party administered case/minute entry option when setting up on dismissed case, display diff with hyperlink	none	notification of party administered case/minute entry option
	C8030 Med		AZB	CD	calendar	Ability to customize the Trustee's attorney that we most often deal with		Have VCal pull the Trustee's attorney who we deal w/ more often
	C8031 Low/Med		WABE Dee Shindlinger (509) 353-2404 Ext. 240	All	Parties	Automatic update of parties/attorneys who filed pleadings in case	Currently 13 Trustees himself is pulled into VCal	When appearances filed in CMECF, automatically updated in VCal
AutoDocket	C8032 High		WABE Dee Shindlinger (509) 353-2404 Ext. 240	All	Adversaries	Add Attorney for U.S. Trustee's under Parties.	Have to manually add defendant's atty to party screen	Have VCal automatically update in VCal
	C8033 Low		CASB John Seale (619) 557-4508	CRD's & Judges	Hrg Detail Prefs			
	C8034 Low		CASB John Seale (619) 557-4508	CRD's	Hearing Detail	Allow user to input "Parties" in up/down case.		
AutoDocket	C8035 Med		PAMB Chuck Smith 570-821-4165	All	Daily Calendar	Add ability to code a status on a hearing through the Daily Calendar	Have ability to code a status on a hearing through the Daily Calendar	Color coding is preferred - i.e. select a listed hearing, click a status button, and assign a color coded status to the hearing - examples: grey status implies hearing is complete - a red status may mean come back to this hearing later as counsel discusses something in the hall.
	C8036 Med		Renee McCord	CD	Hearing Details	Find and Replace Text & Parties		
	C8037 Low		AZB	CD	Continuing hearings	Have the option to continue case again to another day	none	Have the option to continue again
	C8038 Med		AZB	CD	Continuing hearings	Have ability to merge through the pop-up which indicate future trgs	no merge capabilities from this area	Have ability to merge

CS939 Med	Various Courts	CD, ECR	Minutes	Add function to allow for setting & terminating of deadlines in CMCEF when the minutes are docketed.	No deadlines can be set	Docket minutes and set deadlines simultaneously. This would apply to minutes from court hearings as well as minutes from vacated matters.
CS940 Med	WAEB Des Sindinger (509) 353-2404 Ext. 240	All	Hearing Notes	Ability to amend a hearing note & docket it	When amend a docketed hearing note cannot re-docket	Ability to re-docket a hearing note after being amended
CS941 Med	Various Courts	CD, SD,		Ability to auto-docket hearing events in ECF when new items are scheduled/entered in VCal Directly		
CS942 Low	AZB	CD	reorder	show vacated matters in red	all matters are in black	show vacated matters in red
CS943 Low	Our court uses "karakas" for multiple passwords; Effects sorting by ability.	Any way to have the sort ignore the Parent?	See me for clarification.			
CS944 Low	WAEB Des Sindinger (509) 353-2404 Ext. 240	All	Search	When searching for adversary, only have that particular # come up	All cases relating to main case # come up on search	Adversary case search should only search for that case #
CS945 Low	WAEB Des Sindinger (509) 353-2404 Ext. 240	All	Hearing Notes	Notes should be cumulative no matter when entered into VCal	Had problem w/ notes; not cumulative	Cumulative notes, no matter when the notes are entered into VCal
CS946 Med	Various Courts	All	Calendar	Ability to see if private notes are attached from overall daily calendar	Must Highlight a particular matter to see if there are notes	
CS947 Med	CASB John Seale (619) 557-6508	Judges	Notes Fields	Provide ability to insert "revision" dates on multiple tentative rulings for continued matters.		
CS947 Low	DEB Lucien Adam 302-252-2555	All	Calendar	Have a weekly view	Currently there is a daily, monthly, and yearly view	Add a tab for weekly view of hearings
CS948 Low	PAWB-Judge Judith Fitzgerald 412-644-3541	All	Layout	Have the ability to start the week on a Sunday	The week starts on Monday with no optional layout	Allow the user to choose the layout
CS949 High	IANB Kirk Leggett 319-285-2222	All	All	Improve look-n-feel	Application looks like it was written in 1985	More of a web-like feel, more accessible to modern users (a la CEO)
CS950	IANB Kirk Leggett 319-285-2222	All	All Screen Presentations	Simplified menus and navigation	Many clicks for simple tasks like calendar printing	
CS951 High	Various Courts	All	All	Ability to select font and font attributes within application.	Fonts and attributes are hard coded.	Make this configurable.
CS952 Med	Various Courts	All	All	Have ability to use bold, underline, color, italics - Word Processing Functionality		
CS953 Med	Various Courts	All	Visual Calendar	Just see 1 month at a time on screen; Only go to next month if selected	Months roll into other months	See 1 month at a time on screen; Change only when month selected
CS954 Med	CASB John Seale (619) 557-6508	All	View Daily Screen	Print bold line under every 10th row or show hourly breakdowns on the number of matters set. Also, another option is to provide a "color" change to mark every ten cases (Similar to color change in Monthly View Screen).		
CS955 Low	CASB John Seale (619) 557-6508	CRD's	Notes Fields	4.2.3 has performance issues over LAN. Have not had a chance to test yet. I don't think it's a problem with the software because of LAN issues (hope to do this May 2008) - I do realize some issues may be improved with v6.1.0 but have to test first.	Print Calendar, move from hearing detail to calendar view. Detail Printing has to be done in background 2nd session	Make faster
CS956 Med/High	PAMB Chuck Smith 570-821-4195	All Div Office Users	Mostly all	One of my judges (local) has requested that improvements be made to performance when moving from one hearing to another and when displaying docket. Possibly there are tips on the best way to set up ODBC or how to improve the performance through configuration; suggestions for RAM, PC power, etc... as well as the best way to progress thru screens. (I.e. should we close the browser or leave it open after viewing a docket?) He is often running a multiple browser sessions (ECF, and search) along with multiple Sametime windows, Adobe Acrobat, and VCal and finds that multiple clicks closes down VCal. (Multiple clicks are done because program does not seem to respond)		
CS957	PAMB Chuck Smith 570-821-4195	Judge	Hearing Detail	Use Enter Key For Monthly and Daily Form	Moving document OR entire docket sheet is displayed	Moving document and all related matters should display
CS958 Low	CCG Meeting			VCal should display related matters as well as moving documents	Only 1.E. is available	User to determine which browser to use
CS959 Med	MB - Randy Sugrue 808-522-8117	JUDGE, CD	Docket Report	Can you let us select which browser to use within VCal?		
CS960 Med	Various Courts	All	Browsers	Provide ability to "View" the VCal System when CMCEF is down.		
CS961 Med	CASB John Seale (619) 557-6508	CRD's & Judges	Overall System	More options to save and edit		
CS962 Low	CCG Meeting			UI OAI paste from mouse click		
CS963 Med	CCG Meeting			More options to save and edit		
CS964 Low	CASB John Seale (619) 557-6508	CRD's	CMProfiles	Provide ability to sort drop down list for professional parties by alphabetical order.		
CS965 Med	TXWB - Ernie Faria 210-472-6720, ext. 236	All	Daily Calendar	Performance for daily viewpoint option - make it persistent		
CS966 Low	Various Courts	All	Calendar	Ability to search by name	Currently can only search by case number	Users want to be able to search by party name if case number not known
CS967 Low	AZB	All	Search/Subject	Have ability to use quick search	Unable to search a given date range	Have ability to use quick search
CS968 Low	WAEB Des Sindinger (509) 353-2404 Ext. 240	All	Search	Ability to search a given date range	Unable to search a given date range	Using a search by giving a date range
CS969 Med	DEB Lucien Adam 302-252-2555	Judges/CD/JA	PDA	Import all calendar detail	Import only brings in number of matters and hearings and est. time.	Import case name and number and matters.
CS970 Low	CASB John Seale (619) 557-6508	CRD's	Speed Text	Provide ability to use Speed-Text to add party represented for all fields.		
CS971 Low	WAEB Des Sindinger (509) 353-2404 Ext. 240	All	Speed Text	Ability to print out speed text chart	Not able to print out speed text chart	Ability to print out speed text chart
CS972 Med	CCG Meeting			Variables in spreadsheet		